

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049063

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 292 Primary Registration District No. 6005 Registrar's No.

FILED DEC 26 1963

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New London		c. CITY OR TOWN New London	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) R R # 1	
3. NAME OF DECEASED (Type or print) First ERNEST Middle FREDERICK Last NIETIEDT		4. DATE OF DEATH Month December Day 15 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 3, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer; Retired Cutter		10b. KIND OF BUSINESS OR INDUSTRY International Shoe	
11a. FATHER'S NAME William Nietiedt		11b. MOTHER'S MAIDEN NAME Lena Bauer	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. None	
13a. NAME OF HUSBAND OR WIFE Mrs. Mary E. Meier Jefferson City Missouri		13b. ADDRESS 1000 E. 1st St.	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion with Septal Defect DUE TO (b) Septal Defect DUE TO (c) Septal Defect		15. INTERVAL BETWEEN ONSET AND DEATH 10-15	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1:00 a.m. 1:00 p.m. 1:00 m. 1:00 n. 1:00 e. 1:00 s. 1:00 w. 1:00 n. 1:00 e. 1:00 s. 1:00 w.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hannibal Missouri	
21. I attended the deceased from no medical attention and last saw her alive on 12/18/63 Death occurred at 1:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Clyde W. Winkler	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/18/1963	
23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		23d. LOCATION (City, town, or county) Hannibal Missouri	
24. FUNERAL DIRECTOR Smith Funeral Home		25. DATE RECD. BY LOCAL REG. Dec 15 1963	
26. REGISTRAR'S SIGNATURE Clyde W. Winkler		27. DATE SIGNED 12/15/63	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.